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AUTHOR(S):

OGAWA, Reiko

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Globalization of Care and the Context of Reception of Southeast Asian Care Workers in Japan

OGAWA Reiko*

Abstract

The signing of the Economic Partnership Agreement (EPA) between Japan and the Philippines (2006) and Japan and Indonesia (2007)¹⁾ introduced a new field of inquiry which was never experienced in Japan, migration and care. This paper examines the nexus of two issues to position the migration of long-term care workers from Southeast Asia to Japan under the EPA within the context of globalization of care work by examining the three areas: 1. The institutional framework; 2. Acceptance of foreign care workers at care facilities; and 3. Dilemmas resulting from this migration project.

The paper first explores the nature of the migration project under EPA and the socio-economic forces that shape the project. Second, it examines the opinions of the care facilities that employed the first batch of Indonesian care workers through quantitative and qualitative research. Finally, it discusses the dilemma that the state-sponsored migration project under EPA introduces. While the migrant care workers are well integrated and have contributed positively to the quality of care, the current scheme does not appear to mitigate the labor shortage and it may not be sustainable in the long run.

Keywords: globalization, migration, care, Southeast Asia, gender, Economic Partnership Agreement (EPA)

I Introduction

The migration of health and care workers including doctors, nurses, long-term care workers and domestic workers is inextricably linked to the globalization process that is increasing cross-border movements of capital, commodities, information and people. Numerous scholarships on migration and care have enriched the theoretical and empirical understanding of globalization, gender and care work in the past decades. Scholars have shed light on the central role women migrants from developing countries play in filling the gap between the state's capacity to provide care and the actual need for care. While global capitalism mobilizes highly educated professionals toward urban centers, a large number of women migrants tend to concentrate in the lower circuit, characterized by "informalization," where employers downgrade the working conditions away from public scrutiny, where labor costs are lower and difficult to regulate [Sassen 2002: 258].

Sassen succinctly points out the link between economic globalization and migration; however, her theoretical formulation does not take into account policies and institutional settings that allow the migra-

* 小川玲子, Faculty of Law, Kyushu University, 6-10-1 Hakozaki, Higashi-ku, Fukuoka 812-8581, Japan
e-mail: reigawa@law.kyushu-u.ac.jp

1) The Japan-Philippines EPA was signed in September 2006 and ratified in October 2008. The Japan-Indonesia EPA was signed in 2007 and approved by the Japanese Diet in May 2008.

tion to take place at the national level. The author argues that the response toward globalization has been embedded within the national territory, structured by internal constraints, and shaped by local policies and institutions. Contrary to the popular belief that the state is declining under globalization, the globalization of care, as instituted in Japan, establishes that the state is creatively responding to the challenges posed by globalization and the rapid demographic change within Japan.

The two issues new to Japan, migration and care, have not yet been studied comprehensively.²⁾ Compared to the West where migrants filter into different sectors of the society, the integration of migrants in Japan remains limited both in terms of quantity and quality [Miyajima 2003; Komai 2003].³⁾ The migration of nurses and care workers⁴⁾ under the bilateral agreement enabled Japanese medical and long-term care institutions to employ foreign workers on a substantial scale⁵⁾ for the first time. Since this is almost the first experience to employ foreign workers, various hospitals expressed concerns regarding the migrants' communication and nursing skills, adjustment to the workplace and the reactions of the patients and families [Kawaguchi *et al.* 2008]. Similarly, Japanese care workers, expressed anxieties about the differences in language and culture.⁶⁾ Despite these concerns, 47 hospitals and 53 care facilities agreed to accept the first batch of 208 Indonesian nurse and certified care-worker candidates⁷⁾ in 2008.

This paper aims to situate the migration of care workers from Southeast Asia to Japan within the context of the globalization of care work. It focuses on the institutional structures and policies that shape the requirements under the Economic Partnership Agreement (EPA) and discusses the dilemma that it produces. Unlike the migration of care workers elsewhere, the program under EPA is governed by a bilateral agreement, and underpinned by the intention to promote free trade. In other words, the promotion of the migration of care workers to Japan is neither an immigration policy nor a social policy, but a political decision to expand Japan's market to Southeast Asia. However, the nature of care work,

2) In the recent six-volume publication titled *Care: Its Ideas and Practices* [Ueno *et al.* 2008], there is not a single chapter on globalization and care.

3) In 2009, the number of foreigners in Japan was 2.1 million or 1.71% of the total population, among which 56.9% do not have the permanent residency status [Japan, Homu-sho 2010].

4) In this paper, the author uses the generic term "care worker" for those engaged in long-term caregiving. The term "certified care worker" is an English translation of the Japanese "*kaigo fukushishi*," which requires a national certificate. There is another category, "home helper," which can be obtained after training at public and private institutions.

5) The first batch of Indonesian care workers arrived in August 2008, followed by the Filipino care workers in May 2009. By 2010, a total of 455 nurses and 669 care workers from Indonesia and the Philippines have entered Japan.

6) Focus group discussion of young Japanese certified care workers conducted Oct. 14, 2008, at Kyushu University.

7) The migrant care workers under EPA are called "candidates" until they pass the national exam. However, the term "candidate" differs between nurses and care workers because the licensing is different. Although the migrant nurse candidates may have working experience as an Intensive Care or head nurse in their home countries, they will work as nurse assistants who cannot undertake any medical treatments. While the autonomy is strictly defined for nurses undertaking medical care, the role of care worker is less clearly defined and there is hardly any difference in the job description between a certified care worker and a non-certified care worker.

which provides personal services within an intimate relationship, raises several questions, which were not relevant in the case of earlier migrants, who were largely engaged in production work.

How are the foreign care workers accepted in those Japanese long-term care institutions that have little experience employing foreign workers? What are the intentions and expectations of the long-term care institutions in accepting foreign care workers? What are the reactions of Japanese staff, the elderly patients and the community? What are the prospects of incorporating foreign care workers into the care labor market in Japan in the long run?

With these questions in mind, this paper will examine first the nature of the migration project under the EPA and the socio-economic forces that shape it. It outlines the institutional structure that governs the migration of care workers and the global and local dynamics that shape the migratory framework. Second, it will review the responses of the care facilities, which employed the first batch of Indonesian care workers based on the quantitative and qualitative research. Finally, it will address the dilemma that the global migration of care workers under EPA entails. Its goal is to provide empirical data about the concrete sites of encounter and engagement in the field of caregiving that might shape future immigration policy in Japan.

II Migration of Care Workers under Economic Partnership Agreements

There is an extensive body of research that has examined migration and care work through a plethora of approaches: within different temporalities from historical to more contemporary forms of migration, and within different analytical frameworks ranging from macro-level social systems, meso-level social institutions and micro-level caregiving practices, or the combination of all three [Ehrenreich and Hochschild 2002; Sassen 2002; Parreñas 2003; Choy 2003; Aguilar 2005; Oishi 2005; Zimmerman *et al.* 2006; Constable 2007; Yeates 2009; Ito and Adachi 2008]. Many scholarly works have investigated the migration of women from developing countries to the developed countries to undertake feminized work as domestic helpers, nannies and sex workers. These works raise important issues such as the “international division of reproductive labor” [Parreñas 2000], or “global care chain” [Hochschild 2000], which conceptualizes the unequal distribution of care resources and global stratification according to gender and ethnicity.

Among these works, in order to locate the forces that perpetuate globalization of care theoretically, Zimmerman *et al.* [2006] identify four crises of care: 1) care deficit; 2) commodification of care; 3) role of supranational organizations in shaping care work; and 4) reinforcing race and class stratification. These four issues, identified by Zimmerman, partially explain the migration of care workers to Japan under the EPA.

According to Zimmerman, first there is a care deficit for both paid and unpaid care. The demographics of Japan, including the world’s longest life expectancy and the unprecedented increase of the aging population, aggravated by the low fertility rate, have precipitated a situation where care is becoming chronically short. Elderly caring for the elderly (*ro-ro kaigo*) is increasingly becoming a common practice. Today, it is not uncommon to see a 65-year-old daughter taking care of a 90-year-old mother. In 2010, the percentage of the elderly over 65 years constituted 23.1% of the total population with those

more than 75 sharing 11.2%. This proportion will continue to increase. By 2013, 25.2% of the population will be more than 65 years old and by 2035, it will rise to 33.7% [Japan, Naikaku-fu 2011]. From October 2006 to September 2007, approximately 144,800 workers had left or changed jobs because they needed to provide care for family members [*Asahi Shimbun*, October 31, 2009]. This drastic transformation in the composition of the population makes a deep impact on the supply of and demand for care work.

Second, care has become a commodity and has shifted from unpaid work to a service that can be purchased in the market. Responding to the demographic changes and decreasing capacity of families to provide care themselves, an effort to shift care from the domestic sphere to the public sphere was supported through the introduction of Long-term Care Insurance (LTCI) in 2000. The LTCI was intended to socialize two facets: providing the means to employ professional care and furnishing a paid workforce. As a consequence, care became partially relegated to the market. Reflecting the growing numbers of the aging, the expenditure for LTCI continued to increase from 3.24 trillion yen in 2000 to 6.16 trillion yen in 2007 [*Asahi Shimbun*, June 24, 2009].⁸⁾ In 2006, the number of people over 65 years old was 26 million among which 3.6 million or 13.8% used the LTCI [Soeda 2008: 23]. However, the retrenchment in social welfare expenditures and the economic downturn downgraded the value of care work in social and monetary terms resulting in the ongoing shortage of care workers [Morikawa 2004].

Third, the growing influence of supranational organizations and their impact in shaping care work. Zimmerman argues that the loans provided by supranational economic organizations such as the International Monetary Fund and the World Bank require a decrease in public services, facilitate privatization and serve as a powerful force in determining care provisions especially in developing countries. Although the EPA between Japan and Southeast Asian countries is a bilateral agreement to promote free trade between the two states, it superseded the policies of the state in an unexpected way. The migration of care workers was introduced not as a labor policy but was attached to the free trade agreement.

For the fourth point, Zimmerman demonstrates the reinforcement of stratification of race and class at the global level. Many studies on gender and migration confirm the theory that the migration of women from developing countries results in new international division of labor, which is hierarchically organized according to race, gender and class.

While the four crises of care, described by Zimmerman above, are concomitant to the process of the globalization of care in Japan, this paper discusses several issues that were not well examined in the earlier research. First, building on the theories, the subjectivity of the migrant care workers is constituted within the nexus of immigration policy and social welfare policy thus differently constructed. The author argues that the ways in which the globalization of care is taking place reflects nation-specific patterns largely shaped by policies and institutions in the receiving countries that need further elaboration.

Second, aside from the migration of nurses, the skills of the migrants have not been carefully discussed. The author's research team's findings suggest that although nurses and care workers are lumped together under the same EPA scheme, the occupations are very different [Hirano *et al.* 2010].

8) Exchange rate US\$=82 Japanese yen as of April 2011.

While the term, nurse, represents the same occupation universally, long-term caregiving is a relatively new occupation developed in response to the aging population and the term, care worker, can imply different meanings in different countries. The distinctions between “skilled” and “unskilled” vary based on political decisions within each country and obscures the diversity within the various occupations engaged in care work.

Finally, following Sassen’s work [2001; 2002] which conceptualizes the global city that serves as magnets for migrant women working in low-paying jobs in less regulated informal spaces, many studies on domestic workers and nannies focus on private homes as the workplace and raises the issue of protection of human rights under less regulated working conditions [Constable 2007; Parreñas 2003; Anderson 2000]. In many countries, care work has been performed by migrant domestic workers who provide around-the-clock care. The author argues that the vulnerability of migrant women may come not only from their occupations as domestic helpers or care workers per se but the organization of their job location also contributes to their social status and affects working conditions. In the institutional settings where government regulations such as staff ratio and working conditions are enforced, the working environment has been regulated and formalized, decreasing the vulnerability of the migrant workers.

Although the care-worker migration to Japan is underpinned by the similar logic of “feminization of migration,” migration under EPA differs sharply from the other waves of immigrants in three distinct ways: 1) the involvement of the state institutions; 2) skills of the care workers; and 3) the sites of the work. To understand the process of incorporation of Japan as part of the globalization of care through the EPAs, this section examines how the migration of care workers and the state’s response to rapid demographic change is occurring in Japan. It illustrates the complex interplay between the crisis of care and its convergence with the global capital institution, which consequently defined the condition of migrant care workers as well as the sites of care.

1. *EPA as a State-sponsored Migration Project*

The intensification of globalization processes evoked various attempts to coordinate efforts for free trade at the regional level and organizations such as North American Free Trade Agreement (NAFTA), Mercosur (Common Southern Market), and ASEAN Free Trade Area (AFTA) started to emerge in the 1990s. Although market economy and trade liberalization lies at the heart of Japan’s post-war economic policy, Japan has been rather slow in responding to the regional cooperative initiatives. The Japanese government maintains its position to resolve trade issues mainly through multilateral trade negotiations of WTO until the progress of the Doha Development Round slowed due to the political situations in member countries and the confrontations between developed and developing countries.

In the meantime, the bilateral or multilateral agreements of the Economic Partnership Agreement (EPA) and Free Trade Agreement (FTA) emerged as a “complement” [Japan, Gaimu-sho 2002] or policy reaction to WTO in order to enhance trade, expand its market and pursue diplomatic goals. As of May 2011, WTO lists 489 regional trade agreements and it became apparent that multiple networks of EPA/FTAs have quickly proliferated throughout the world [WTO n/a]. The disadvantage of not establishing EPA/FTA became exposed when the export share from Japan to Mexico declined from 6.0%

in 1993 to 3.7% in 2000 following the establishment of NAFTA [Watanabe 2007; Japan, Gaimu-sho 2002].

The shift in economic policy has been further accelerated by the internal condition of the change in demographic structure. The low fertility rate and dramatic increase in an aging population began to hinder the development of the economy. The working population started to decrease in 1996 and depopulation of the nation registered since 2005 [Japan, Kokuritsu Shakaihosho Jinko Mondai Kenkyujo 2002]. Major structural reform and deregulation took place in the late 1990s in an effort to increase productivity and efficiency in order to respond to the global economy but the growth remained limited. One remedy offered to revitalize the shrinking economy in the depopulating nation was to pursue further liberalization and increase the transnational flow of goods, services, capital and people to take advantage of the rapid economic development of the Asian region.

Japan's first EPA negotiation was with Singapore in 1999, a country, which did not have any conflict of interest over agricultural products, and was established in 2002. It was expected that the EPA with Singapore would strengthen the relationship between Japan and ASEAN and would become the basis for East Asian economic co-operation [Tanaka 2000; Japan, Gaimu-sho 2002].

The EPA negotiations between Japan and the Philippines started in 2003, were drafted in 2006 and ratified in 2008. During the negotiations with Japan, the Philippines proposed that Japan accept domestic helpers, nannies, nurses, and care workers [Asato 2007: 33]. However, Japan's immigration policy permits the entry of "skilled" workers but not "unskilled"⁹⁾ so only the nurses and certified care workers (*kaigo fukushishi*) qualified. Whether care workers should be regarded "skilled" remains contested but lobbying by certain stakeholders kept the care workers on the list.¹⁰⁾ Finally, considering the overall economic benefit of establishing the EPA, the entry of foreign care workers was accepted as a "compromise" or "political decision" in order not to jeopardize the agreement [Iguchi 2005; Asato 2007].

The article for migration of nurses and care workers is derived from WTO's General Agreement on Trade in Services (GATS) Mode 4, which became a separate article of Movement of Natural Persons (MNP) under the EPA. In general, provisions on MNP include business travel, intra-corporate transferees and investors but considering the crisis of care in Japan, nurses and care workers were accepted for the first time as a new item in the Japan-Philippine EPA and included in the Japan-Indonesia EPA.

The Japan-Philippine EPA was signed in 2006, however, the ratification was delayed until October 2008,¹¹⁾ so Indonesia recruited the first batch of migrant workers in May 2008. Unlike the Philippines, which had established a certified care-worker course in the 1990s, the first care-worker applicants from Indonesia were recruited from nursing-school graduates since Indonesia did not have a certified care-

9) However, Japan does accept de facto unskilled labors legally.

10) Interview with officials of the Ministry of Health, Labour and Welfare, Aug. 5 and 25, 2011, and to the Ministry of Foreign Affairs, July 3, 2011. In the working group to accept highly-skilled migrants under the Chief Cabinet Secretary, the care workers are classified as "unskilled" [Japan, Kodo Jinzai Ukeire Suishin Kaigi Jitsumu Sagyo Bukai 2009].

11) According to Article VII, Section 21 of the Philippine Constitution, all treaty and international agreement has to be approved by a two-thirds vote of the Senate. The controversy over the export of hazardous waste to the Philippines triggered strong opposition by the civil society both in the Philippines and Japan and delayed the ratification process. For the discussion in the Japanese Diet in July 2007, view the questions raised by Nobuto Hosaka at www.shugiin.go.jp/itdb_shitsumon.nsf/html/shitsumon/166453.htm, retrieved Aug. 19, 2011.

worker system.¹²⁾ Applicants with more than two years of clinical experience applied as nurses and those with less than two years of experience applied as care workers.

In August 2008, the first batch of Indonesian care workers arrived in Japan and after completing six months of language training, they were placed in hospitals and care facilities and started working as nurse and care-worker candidates. The cost of migration, including fees for recruitment, matching, airfare and the Japanese language training, which costs approximately 3.6 million yen per person, is shouldered by the Japanese government and the receiving hospitals/care facilities. The state agencies; namely Japan International Corporation of Welfare Services (JICWELS), National Board for the Placement and Protection of Indonesian Overseas Workers (BNP2TKI) and Philippine Overseas Employment Administration (POEA) are responsible for the recruitment, deployment and training of care workers, thus in principle, leaving no space for the private agencies to maneuver.¹³⁾ The conditions for employment are required to be the same as those of Japanese workers (i.e., nurse candidates are paid a salary equal to that of Japanese nurse assistants and the care-worker candidates are paid equivalent or more to the home helpers)¹⁴⁾ in accordance with the employment policy of the receiving institutions.¹⁵⁾ Also, they are entitled to the same benefits as Japanese staff and are protected under the standard labor law.¹⁶⁾ Unlike other migrants, the state strictly controls and supervises the process shouldering a heavy financial cost, which confirms that the purpose of introducing migrant care workers is not to recruit cheap labor.

Apparently, this experiment goes against the “informalization” processes in the labor market where the deregulated low-cost jobs are being relegated to immigrants and women in global cities [Sassen 2002]. Then how does the state calculate the cost of migration if the workers are neither flexible nor cheap?

The migration of care workers under EPA emerged as a result of negotiations not only between the governments of Japan and Southeast Asia but also among several ministries within Japan. It was formulated as a compromise of different interests among the local stakeholders including the Ministry of Foreign Affairs, the Ministry of Economy Trade and Industries, the Ministry of Finance, and the Ministry of Health, Labour and Welfare (MHLW). Their first priority, to maximize the economic opportunity for the benefit of the nation, is considered an important state mandate that gives legitimacy to pursuing the free trade agreement. Second in importance, although the immigration policy reform

12) Responding to the EPA, the Indonesian government established a certified training course for care workers in 2009 but it was soon abolished because many graduates did not match with the Japanese care facilities. Interview with government officials of Indonesia in July 2010 and August 2011.

13) Various educational institutions in Indonesia and the Philippines started to provide language training to increase the chances of matching, but the government institutions hold the sole responsibility in matching.

14) Home helper is a certificate obtained after completing a training course of 130–230 hours accredited by the local government.

15) For the first batch of Indonesian careworker candidates, the average salary is 161,000 yen. The highest salary is 197,550 yen and the lowest is 120,000 yen [Satomi 2010].

16) However, there was a case of contract violation in 2011 where an Indonesian nurse candidate made a claim to the Labor Standards Inspection Office. The dispute was settled with an apology from the hospital and payment of 400,000 yen as compensation [*Asahi Shimbun*, July 28, 2011; *Nishinippon Shimbun*, July 28, 2011; *Mainichi Shimbun*, July 28, 2011].

under the imploding population has become a political agenda,¹⁷⁾ the consensus-building process has stagnated due to the precarious political climate and lack of leadership. Third, the crisis of care both in terms of human and financial resources will continue for the foreseeable future. MHLW estimates there are 200,000 care workers who are qualified but are not in the labor market and Japan will need 400,000–600,000 care workers by 2014 [Japan, Kosei Rodo-sho 2009]. This exposes the reality that because of poor working conditions, the turnover ratio of the care workers is 22.6%, considerably higher than 17.5% for the average workers and the long-term care institutions are continually facing a shortage of care workers [*Yomiuri Shimbun*, March 6, 2007]. However, considering the domestic labor market, MHLW maintains the firm position that the entry of migrant care workers under EPA is an “exceptional case” [Japan, Kosei Rodo-sho 2011].

The primary aim of EPA is to gain an overall economic benefit through promoting free trade with Southeast Asia, which may also lay the groundwork for future regional integration in Asia. More importantly, Japan’s acceptance of care workers under EPA serves as an excuse that Japan is accepting the care workers in exchange for selling goods to Southeast Asian markets especially when there is a lack of consensus in the society toward acceptance of immigrants. Even though MHLW claims that EPA was not intended to ameliorate the shortage of labor, it is the major care-crisis in Japanese society that created an environment that allowed the migration of care workers to be accepted.

The migration of care workers under the EPA can be hypothesized as the creative response of the state toward the challenges of globalization that, on the one hand, are being caught by liberal logic to promote free trade and, on the other hand, are protecting the interest of its nations by imposing certain conditions which I will discuss in the next section. In short, the migration of care workers under EPA serves as a litmus test for the state and society that can lead to the formation of the future immigration policy as one of the options to cope with the crises of care and depopulation.

2. *Skills of Foreign Care Workers*

The entry of foreign care workers generated a public debate in Japan and the strongest opposition came from the professional groups. MHLW as well as the Japanese Nursing Association (JNA) were guarded about the entry of migrant care workers because of the potential effects on the domestic labor market, including deterioration of the working conditions and the undermining of the professionalism of Japanese nurses. During the negotiations, JNA made a counterproposal, which largely defined the framework of the migration of care workers under EPA [see Shun Ohno’s paper in this issue]. Based on its recommendations, EPA included a condition that the foreign care workers pass the national licensure exam within a limited period of time and if they fail, they cannot remain in Japan any longer.

This framework opens an opportunity for foreign care workers to be incorporated into the Japanese care labor market at the same level as the Japanese but the educational investment needed for them to

17) For example, June 2008, the Liberal Democratic Party (LDP) led by former Secretary General Hidenao Nakagawa submitted a new immigration plan to accept 10 million immigrants during the next 50 years to then Prime Minister Yasuo Fukuda. See also the discussion paper of the working group to accept highly-skilled migrants under the Chief Cabinet Secretary [Japan, Kodo Jinzai Ukeire Suishin Kaigi Jitsumu Sagyo Bukai 2009].

pass the exam has proven costly for both the state and the accepting facilities. Also, the migrants need to study very hard while working, and until they pass the exam, they are treated as candidates.

3. *Site of Care Work*

Since the foreign care workers are mandated to pass the national exam within four years, their workplaces double as training institutions and must comply with certain standards. First, the care facilities must have more than 30 beds with a professional staff capable of providing training. Second, the staff ratio has to comply with government regulations. Third, more than 40% of the full-time care workers have to have the certified care worker or national *kaigo fukushishi* license. In summary, the migrant care workers are only allowed to work in highly regulated institutions, not in private homes. This is in stark difference from the placement of domestic helpers and care workers in other countries. The foreign care workers always work as part of the team with Japanese co-workers in care facilities and in principle, are allowed time to study Japanese and prepare for the national exam often with either a volunteer or professional teacher. Compared to the earlier migrants who arrived in much larger numbers,¹⁸⁾ public awareness of the EPA migrant care workers is extremely high.¹⁹⁾ The response is largely sympathetic making this migration project highly visible.

III Assessment of Indonesian Care Workers Assigned to Care Facilities

The Kyushu University Research Team²⁰⁾ undertook a quantitative survey of 53 long-term care facilities that accepted the first batch of Indonesian candidates. They queried the facilities' staff about the reasons for employing the candidates, assessment of the Indonesian care workers and their opinions of the EPA program. The survey was conducted in mid-January 2010, approximately one year after the candidates were assigned to care facilities. The questionnaire was distributed to care facilities and 19 were returned, a response rate of 35%. The low response rate makes it necessary to evaluate the responses carefully by comparing and supplementing them with the survey data from other institutions such as

18) The 1989 Immigration Control Law allows privileged residential status to overseas *Nikkei* (descendants of overseas Japanese migrants) and foreign trainees to fill the shortage of labor in manufacturing, garment, food processing and agriculture. In 2010, MHLW states that among the 562,818 foreign workers in Japan, 122,871 came from Brazil and Peru [Japan, Kosei Rodo-sho 2010a] but this excludes those who are under the spousal visa so the actual numbers are higher. The total number of trainees is also difficult to estimate. In 2009, the entry of "trainee" visa holders was 80,480 including government trainees [Japan, Ministry of Justice 2010]. In the same year, 50,064 trainees, including 954 reported cases of missing workers, were working nation-wide under the Japan International Training Cooperation Organization (JITCO), the major body coordinating the trainee system [Japan International Training Cooperation Organization 2011].

19) According to the Association for Overseas Technical Scholarship (AOTS), the institution which conducted the Japanese language training, more than 240 mass media and other institutions requested interviews in the first six months [Haruhara 2009].

20) The quantitative research was conducted under "A Global Sociological Study on Japan's Opening of Its Labor Market in the Field of Care and Nursing" (Representative: Shun Ohno) and the collaborative team members include: Shun Ohno, Yuko Hirano, Yoshichika Kawaguchi, Kiyoshi Adachi, Takeo Ogawa and Reiko Ogawa. This has been funded by Kyushu University Interdisciplinary Programs in Education and Projects in Research Development.

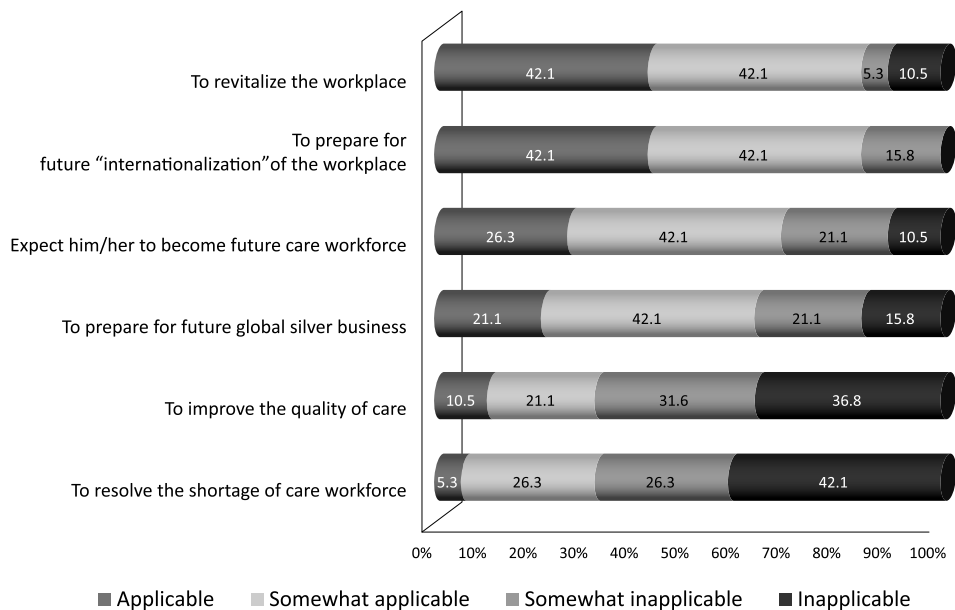


Fig. 1 Motives for Accepting Indonesian Certified Care-Worker Candidates

MHLW and triangulate the survey data with interviews at care facilities. The respondents were primarily the executive managers or directors of the care facilities. Fig. 1 summarizes the reasons for accepting the foreign care workers.

Fig. 1 demonstrates that among the reasons for accepting the foreign care workers "To revitalize the workplace" and "To prepare for future 'internationalization' of the workplace" stand out. It also shows that "To resolve the shortage of care workforce" was least important of the options. This is due to the fact that the care facilities eligible to accept the candidates have to comply with certain guidelines and expected to provide continuous training to the candidates so that they will pass the exam. Also, in addition to the monthly salary equivalent to that of Japanese staff, the care facilities have to spend approximately 600,000 yen as the initial cost of the commission and training fees for the candidates. Considering the high cost and rigorous requirements, it can be said that only the resourceful care facilities are eligible to apply and not the ones who are in need of "cheap labor."

Similar results are evident in the survey conducted by Japan's Kosei Rodo-sho (MHLW) [2010b] with the same sample a week later.²¹⁾ Statistics from that survey identified the reason for acceptance "as an experiment for future employment of foreigners" (89.2%), "to contribute to international exchange and co-operation" (81.1%), "to revitalize the workplace" (78.4%), and "to resolve the shortage of labor" (48.6%).

21) The questionnaire was distributed to 53 care facilities from Jan. 28 to Feb. 17, 2010. Responses were obtained from 528 persons including directors, supervisors, co-workers, elderly, families of the elderly, and candidates from 39 care facilities.

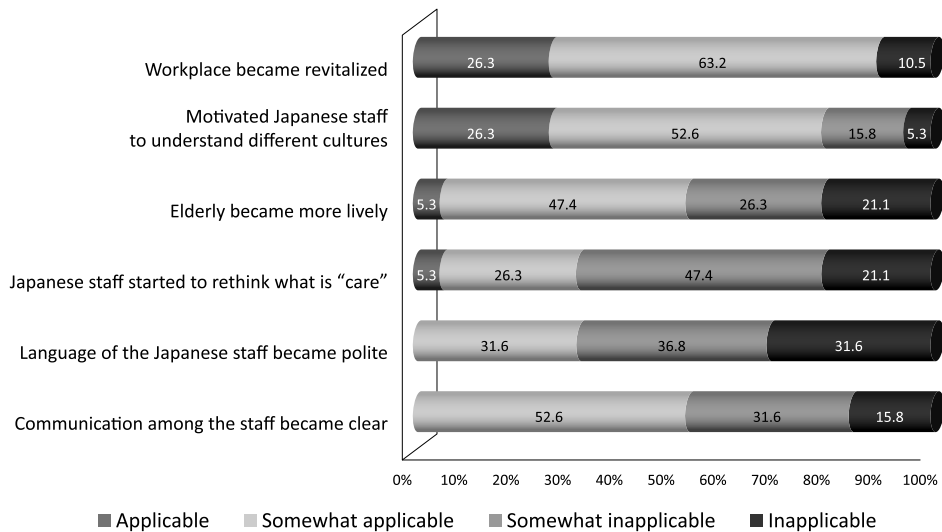


Fig. 2 Positive Changes in the Workplace after Accepting Indonesian Candidates

In the author's interviews with eight care facilities in Japan, many echoed this view. Anticipating that they may need to employ migrant care workers in the near future, they wanted to prepare while they still have enough resources. Since the government initiated this migratory scheme, many care facilities assumed quality of the care workers was guaranteed. Three facilities even pointed out their expectation that the candidates would become leaders in the workplace, managing the foreign staff when the necessity to employ more foreign workers became a reality. In sum, the data indicates that the care facilities that employed the first batch of Indonesians are resourceful and have a vision in employing foreign staff in the future and not in need to seek for cheap labor.

According to Fig. 2, despite concerns over language and cultural differences expressed prior to the acceptance of foreign workers, once the Indonesian candidates were placed in care facilities, 89.5% replied "Applicable" or "Somewhat applicable" that the "Workplace became revitalized." Also, 78.9% replied "Applicable" or "Somewhat applicable" that Indonesian care workers "Motivated Japanese staff to understand different cultures." Moreover, more than half replied the "Elderly became more lively."

When interviewed, an elderly woman in her 80s who stays in the care facility in Western Japan said: "They (two Indonesians) are very kind and gentle. I think it must be hard for them to travel such a long way to work here, but they are working very hard. All of us count on them because they always come running whenever we call them."²²⁾

Many other interviews with Japanese co-workers and supervisors in the care facilities confirm this view. Indonesians (and Filipinos) are popular in spite of their language deficiencies. The presence of foreign care workers triggered Japanese staff to rethink and reflect on the purpose of care work because

22) Interviewed on April 17, 2009.

they had to explain the reasons behind one's behavior in simple words. All the care facilities interviewed reported that communication in the workplace has improved because having co-workers not fluent in Japanese among the staff forced them to convey messages clearly and confirm that everyone understands and shares the same information. Japanese staff are taking extra effort to support the candidates and as a consequence the capacity to work as a team has improved.

A Japanese care worker, responsible for training candidates, narrates: "There are no complaints against the candidates. They are well received and liked. They are welcomed especially by the elderly as they are pleased to have a cheerful person in their boring daily lives. They (candidates) look into their eyes when they talk with the elderly and provide support in a natural manner. So the facility became lively. We can count on the care they provide."²³⁾

Candidates are welcomed warmly by the supportive Japanese staff and are contributing to the quality of care in multiple ways. In some cases, Japanese care workers were reluctant to accept the foreigners because they feared that the foreign care workers would not be able to communicate well, which would increase their burden. However, in the places the author interviewed, once the candidates had arrived, the Japanese staff members, impressed by the candidates' skill levels and warm personalities, became helpful in trying to teach them everything they needed to know. In turn, the candidates are working hard to learn both language and work skills. As a consequence, the foreign care workers have contributed to the revitalization and internationalization of the workplace as intended.

Before accepting the candidates, the care facilities articulated a different concern. Some worried about racial discrimination by Japanese toward other Asians. However, once the candidates started working, the relationship between Japanese elderly and the candidates proved smooth and comforting.

The director of a care facility said: "I was worried in the beginning because the elderly of this generation carry the memories of war, and (many) Japanese harbor racial prejudice (against Asians). But there was no objection among the elderly (to have Indonesian care workers). There is no difference in nationality insofar as they have a caring heart."²⁴⁾

The memories of war may already have become a distant past for those living a peaceful life in care facilities. Their day-to-day concerns center around who will help them in time of need. For that reason, the candidates are popular despite any language deficiency.

While this qualitative data points to the trust developed between the care receiver and migrant care worker, the MHLW survey also supports this data. Among the elderly, 12.6% responded that the candidates are providing better service than Japanese staff, 59.2% judged their service satisfactory, and 31.1% rank it average. None of the elderly selected the "unsatisfactory" option in describing the candidates' service [Japan, Kosei Rodo-sho 2010b].

However, Fig. 3 illustrates the negative effects of acceptance. Nearly 90% of the respondents in our research felt that the "Financial burden increased" or somewhat increased and 100% of the respondents replied that the "Workload of supervisor/educator increased." The EPA stipulates that the care facilities must educate the candidates so that they can pass the national exam in Japanese. Apparently,

23) Interviewed on Sept. 17, 2010.

24) Interviewed on April 30, 2009.

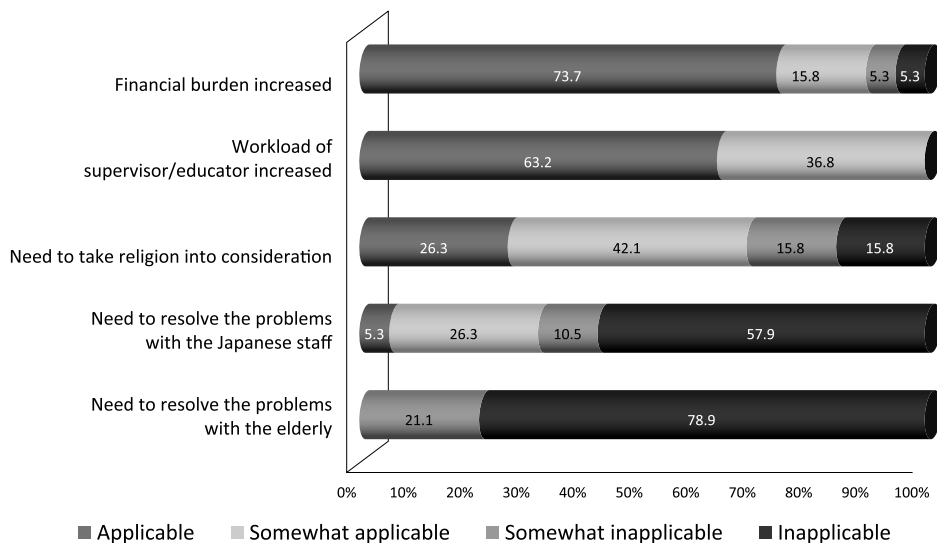


Fig. 3 Negative Changes in the Workplace after Accepting Indonesian Candidates

an increasing load on financial and human resources to support the migrant care workers has been a burden for the care facilities.

In the interviews, all the facilities targeted the problem of not knowing the most efficient way to support the candidates. Care facilities are not educational institutions, so teaching the Japanese language to foreign staff is not part of their expertise. A number of educational materials have been developed to teach Japanese to the care workers but Japanese care workers are not language teachers and the Japanese language teachers are not familiar with the caregiving vocabulary so neither group has the pedagogical skills to teach candidates well enough to pass the national exam. In addition, many care facilities are located in remote areas, which makes it difficult to access resources such as Japanese language or caregiving schools that are concentrated in large cities. Therefore, when questioned about what kind of study support they are providing for the candidates, all the care facilities repeatedly reported “We are trying to do our best through trial and error,” implying a lack of systematic support from the government.

Fig. 3 indicates that 68.4% replied that religion was also a concern since it is almost the first time that Japanese care facilities employed any Muslim staff members. With little knowledge of Islam, the care facilities prepared a praying room available to Indonesians during the day, respected religious practices such as *halal* food and fasting, and some facilities allowed the women’s veil in workplace. The religious differences did not become a major issue due to the flexibility on both sides [Alam and Wulansari 2010].

As indicated in the interview above, Fig. 3 also attests that despite the weakness of the candidates’ Japanese language skills, none of the care facilities “Need to resolve the problems with (the candidates and) the elderly.” In our interviews, minor tensions with Japanese staff surfaced but no major trouble has been identified between the candidates and the elderly.

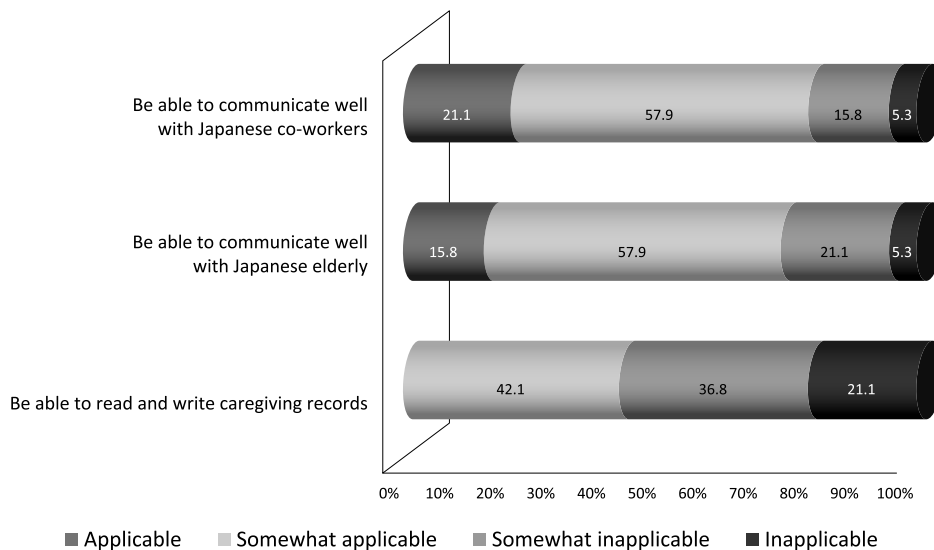


Fig. 4 Level of Japanese Language at Workplace

Fig. 4 shows the candidates' language proficiency at workplace. After six months of language training and one year of work experience, more than 70% of the facilities replied that the candidates communicate fairly well with the co-workers and the elderly.

Japan's Kosei Rodo-sho [2010b] survey on the first batch of Indonesian candidates for certified care worker indicates a higher result: 35.1% of the directors of the care facilities, 23.7% of the supervisors, 19.2% of the co-workers, and 62.1% of the elderly replied, "There is no problem in the communication"; 59.5% of the directors, 73.7% of the supervisors, 72.5% of the co-workers, and 34.0% of the elderly responded, "Sometimes they don't understand but if we speak slowly it can be understood." Therefore, 90–95% of the Japanese working with the candidates reported that Indonesians have acquired a level of communication which can be understood.

However, the level of communication required for professional work is extremely high and the language achievements of the Indonesian care workers do not seem to be satisfactory. The same report suggests that a lack of language skills has resulted in problems at the workplace. As such 32.4% of the directors, 50% of the supervisors, and 24.6% of the co-workers responded that they experienced problems because of communication difficulties. Specific obstacles include: "Although they do not understand, they say 'yes,'" "They did not understand the order and could not keep the time," "They did not understand what the elderly was saying," "They could not understand the information at the staff meeting," "They forgot to give medicine," and "Minor accident." The space for care has to ensure a safe environment and to guarantee that care workers must be equipped with the professional skills including language essential for clear and smooth communication.

Fig. 5 illustrates care facilities' assessment of works performed by Indonesian care workers in the author's team survey. If we combine "Applicable" and "Somewhat applicable" as responses, "Have

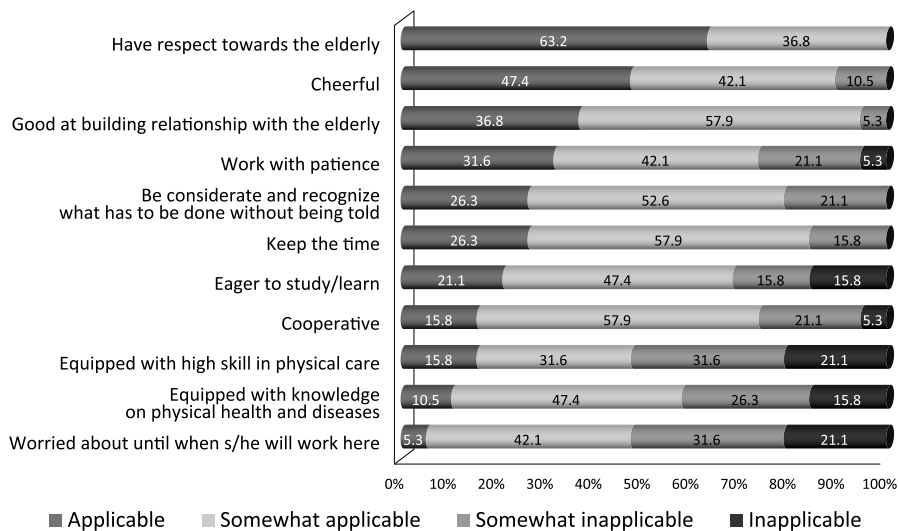


Fig. 5 Assessment of the Indonesian Candidates

respect toward the elderly” rates 100% and “Good at building relationship with the elderly” ranks close to 100%.

In the interview, a care facility pointed out that although the candidates lack the language skills, they have brought the most important thing for care with them, which is the heart. In all eight care facilities, the candidates are described as “gentle,” “polite,” “warm” and popular among the elderly. Care work involves two dimensions: caring for (physical care) and caring about (psychological care), involving the development of relationships between the caregiver and care receiver [Himmelweit 2007; Glenn 2000]. The favorable response toward the migrant care workers attests that the host society benefits not just from their physical labor but also from their “emotional labor” [Hochschild 1983].

In Japan’s Kosei Rodo-sho [2010b] survey, only 0.9% of the elderly and none of the family members responded that “The tension of the facility increased because the Japanese staff in charge of education became burdened (to teach the Indonesian candidate).” Rather, 45.4% of the elderly and 56.2% of the family members said that “compared to before, the atmosphere of the facility became cheerful because the candidates are lively and cheerful.”

The author’s team survey that researched the overall assessment of the Indonesian candidates asked the question: “Are you satisfied with the Indonesian care workers you accepted?” As such 33.3% replied “Satisfied” and 44.4% replied “Somewhat satisfied.” In total, nearly 80% of the care facilities are satisfied with the candidates. The care facilities which praised the Indonesian candidates are likely to accept Indonesian nurses and care workers whether or not they have a shortage in Japanese workers [Ogawa *et al.* 2010].

Fig. 6 reflects the opinions of the care facilities toward the ongoing acceptance of foreign care workers under EPA. Nearly 90% responded that the “Foreign care workers should be counted in the staff ratio.” If the foreign care workers cannot be counted in the staff ratio, the financial burden of the

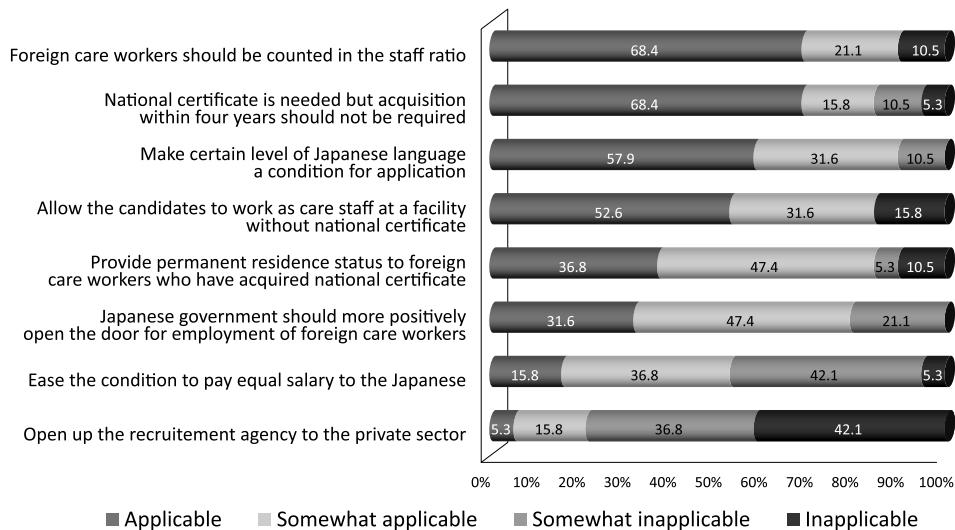


Fig. 6 Recommendations Expressed by Care Facilities Employing Indonesian Candidates to EPA

care facilities will increase because their salaries could not be covered by the LTCI. At the same time, it also hinders the candidates to become full-fledged care workers until they pass the exam. Several care facilities complained that the candidates are not allowed to work night shifts because they are not counted in the staff ratio regulated by the government. Considering the possibility of accidents occurring because of the language deficiency, it may be wise not to assign candidates during night shifts where the responsibility to oversee the numbers of elderly increases. Also, it gives the candidates more regular working hours so that they can concentrate on their studies. But on the other hand, some pointed out that if they want to become a full-fledged care worker, it is important to work the night shift. If the caregiver only interfaces with the person during the day, he or she cannot comprehend the holistic situation of the care receiver, thus affecting the overall quality of care. Others expressed the more practical reason that a care worker earns more by working the night shift because of the additional payment.

Regarding the lack of necessity in acquiring the national certificate within four years and extending permission for candidates to continue working without the certificate, 84.2% of respondents replied “Applicable” and “Somewhat applicable.” Unlike “nurse,” which is established as a medical profession, in the area of long-term care, staff from different backgrounds are engaged in the same work whether they have a certificate or not. Often, a fresh university graduate with a certificate can be less effective than a high school graduate without a certificate but with extensive working experience. The research result indicates that within this area of care, certification is important in the long run but not as an immediate prerequisite.

Anticipating the future shortage of labor and recognizing the good quality of foreign care workers, 79% of the respondents are supporting the opening up of the care labor market and granting permanent

resident status once the candidates acquire the certificate. Interestingly, only 21.1% are in favor of opening the recruitment to private agencies. This indicates their trust in the state to ensure that the competence of the candidates is guaranteed.

After two years, the Indonesian care workers seemed to be well integrated into the care facilities and the community.²⁵⁾ The site of caregiving became a new ground for “global interconnections” [Tsing 2000], mediated by institutions, which have been supportive and accommodating. Seen from the perspective of migrants, the institutional framework of the EPA has drastically decreased the cost and risk for migration and created a space which is supportive and sensitive to cultural differences.

We are at the historical juncture which will determine whether some of the Indonesian care workers will pass the national exam and become full-fledged care workers equivalent to the Japanese care workers and become incorporated within the Japanese care labor market²⁶⁾ or whether they will rotate every four years much like the circular migration system albeit a very costly one.

IV The EPA Project and Its Dilemmas

The nature of the migration of care workers under the EPA requires the combination of work and study because the candidates are expected to pass the national examination within four years. This resonates with the similar discourse for “trainees” in not officially admitting them as “workers” under the designation of “technological transfer” but serves as a source of de facto cheap labor. However, this research reveals that the efforts to provide support to the foreign care workers and their smooth acceptance has differed from the previous forms of migration. Many care facilities, if not all, are struggling to provide appropriate support to the foreign care workers and the Indonesian candidates are bringing a positive impact to care work. However, this state-sponsored migration of care workers is contested at least in three different aspects.

First, there is a tension between the state and the market. Sassen [1996] argues that the globalization brings the denationalization of economy and renationalization of politics. While the nation-state is increasingly losing its grip over global finance and capitalism, it strives to maintain strict border control through its immigration policy. Driven from the global financial institutions of WTO-GATS Mode 4, Japan’s EPA manifests the dilemma of the liberal state to promote free trade of goods but at the same time protect its labor market and maintain the social welfare system, which is still largely confined within the national territory. Moreover, EPA reflects the tension within the state apparatus, such as that among MHLW, Ministry of Foreign Affairs and Ministry of Economy, Trade and Industry reflecting the interest of different stakeholders including professional organizations of health workers and business associations. The care facilities and the candidates are caught in-between the contradictory movement of the demand of the market in pursuing economic globalization and the divided state response in maintaining the EPA.

25) Since some care facilities did not agree to be interviewed, the successful cases described here may have certain sample bias.

26) Regarding EPA migrant nurses, 3 candidates (2 Indonesian and 1 Filipino) passed the national exam for nursing in 2010 and 16 (15 Indonesian and 1 Filipino) passed and became licensed RNs in 2011.

Compared to the migration of care workers to Taiwan, which is market-dominated [Wang 2010], migration under the EPA is state-dominated. Neither looks sustainable in the long run. The former raises concern about the protection of the human rights of the migrants; and the latter, although regulated, is too costly for the state to shoulder all the costs of migration. Under the EPA, the initial cost of employing one foreign care worker is equivalent or even more expensive than the annual salary of a certified Japanese care worker. Considering the cost and pressure for privatization, the EPA may be too burdensome to be sustained by the unreasonable combination of the state, which is in huge debt, and care facilities already overstretched by limited financial and human resources. As anticipated, the initial enthusiasm for the employment of foreign care workers has gradually turned into disappointment not because of the quality of the candidates but because of the system that is not economically viable.

Knowing the limitation of the state-sponsored migration, the private agencies, which used to recruit Filipino entertainers or Indonesian trainees, are already at work managing entry from a side door or back door by using other mechanisms such as *Nikkei* or student visas. While the global interconnections developed in Japanese care facilities are accommodating, it is too naïve to think that this will not converge with the more exploitative type of global interconnections of brokers. The abundant supply of prospective migrants-to-be from Southeast Asia and the vulnerable position of care workers in the host country [Lim and Oishi 1996] reflect the murky future of the migration project of care workers both for the migrants and the elderly. The question is where to draw an appropriate line to divide the cost, risk and responsibility between the state and the market in order to make this migration project sustainable.

Second, there is a question on how we define the work of long-term care. Compared with the profession of nurse, where the occupation is defined universally thus allowing mutual accreditation in certain countries, the skills required in long-term caregiving is far more ambiguous. In the West, care work in private households has been an important sector of work for newly arrived immigrants [Yeates 2009; Rivas 2002]. In Hong Kong and Taiwan, the live-in foreign domestic helpers provide care to the elderly without any professional training [Constable 2007; Tsai 2008]. Japan introduced the certified care-worker (*kaigo fukushishi*) system in late 1980s, although the exact meaning of skill has not been clearly defined.²⁷⁾

The author's team research findings suggest that if Japan continues to enforce the condition for the foreign workers to pass the national exam of *kaigo fukushishi*, and if the chances of passing remains to be low, the care facilities may eventually stop accepting them because of the large financial and human cost incurred. If that is the case, the facilities that do not provide educational support to the candidates may benefit most by retaining them for four years at the least possible expense.²⁸⁾ In addition, if only a

27) The “*shakai fukushishi* (certified social worker) and *kaigo fukushishi* law” states that *kaigo fukushishi* is “a person who provides care based on special knowledge and skills to those who cannot live their daily lives due to physical or mental disability and provide care such as bathing and eating as well as supervise how to provide care to both the care receiver and the care provider.” For more discussions on care work as skilled work, see Soeda [2008].

28) It is up to the candidate whether he or she would like to stay until the end of the contract period. As of April 2011, 11 Indonesian and 18 Filipino care workers (excluding the schooling course candidates) have already left Japan.

few candidates are able to pass the exam this migration project will neither relieve the labor shortage nor enhance the diplomatic relationship between Japan and Southeast Asian countries.

However, if Japan designates care work as “unskilled” it has to change its immigration policy that does not accept unskilled laborers.²⁹⁾ Moreover, the difficulty arises in the ways in which the foreign care workers are incorporated into the Japanese care system. If care work is defined as “unskilled” without any credentials, it may attract a large number of migrants, but they may eventually become “cheap labor” in the dual labor market. This could also strengthen global stratification based on gender and ethnicity situating the women from the less-developed countries at the bottom of the hierarchy.

Third, there is a dilemma in the gendered division of labor. According to the author’s team research regarding the care worker candidates who arrived in 2009, 77% of the Indonesians and 88.8% of the Filipinos are women [Adachi *et al.* 2010]. When the reproductive work become relegated to women from economically poor countries, the relationship between the global north and global south resembles the traditional sexual division of labor, the north not being able to do anything by its own and the south undertaking the reproductive work [Ehrenreich and Hochschild 2002: 11]. The socialization of care has shifted the unpaid work of Japanese women to paid work purchased in the market, but we need to consider for whom the market has been open and why. As suggested by the migration systems theory, migration streams do not happen randomly but are connected to prior links developed through colonialism or preexisting cultural and economic ties [Castles and Miller 2009; Sassen 1996; 2007]. Southeast Asia has always been under the economic and political interest for postwar Japan investing a large amount of Official Development Assistance (ODA) in exchange for natural resources, markets and in later stages, cheap labor.

Although the government-sponsored migration of care workers under the EPA may have a different outlook when we situate the program within a historical context, it intersects with the previous importation of Southeast Asian women whether in the forms of wives or entertainers, which was tacitly condoned. The new international division of reproductive labor does not necessarily challenge the existing gendered division of labor but rather reinforces it by stereotyping the Southeast Asian women as “natural caregivers,” “warm-hearted care providers,” and “submissive workers,” echoing the discourse of “nimble fingers” imposed on Asian women in the Export Processing Zones.

Currently, the Filipina ex-entertainers, who are in their 30s and 40s, are taking the training operated by private organizations to qualify as care workers by obtaining the home-helper license in different parts of Japan.³⁰⁾ The shift in occupation from an entertainer to a care worker requires a different construct of the self as the worker has to sell herself to a presumably different market. The Filipina care-workers-to-be are taught to appear simple without dyed-hair, colorful manicures, transparent clothes, mesh stockings, shiny makeup or perfumes and should walk quietly.³¹⁾ Although the external appearance of a care worker may look the complete opposite of the entertainer who is expected to be

29) For the discussion on Immigration Control Law of 1989, see Akashi [2010].

30) The level of home helper ranges from 1–2. Most of the Filipinas are completing level 2 by going through 130 hours training. Level 2 allows one to undertake physical care and domestic work. For further details on the resident Filipina care workers, see Takahata [2009].

31) From the training manual “To Work in a Japanese Care Facility” used at the home-helper training course.

sexy and seductive, it is underpinned by the same logic of control of a docile body and the importation of love. In both cases, the women's body has been controlled to fit into the role of the "love provider" to fulfill the desire of the "love receiver," who needs love and care. "Love," which has an exchange value in both occupations, is constantly negotiated through physical contact that makes the worker vulnerable to sexual harassment in the case of entertainers and justifies the poor working conditions in the case of care workers.

Among the first batch of Filipino care workers under the EPA, some had a nursing background, some had worked in Japan as entertainers and now reentered the country as certified care-worker candidates. The host society imposes different categories on migrants but the boundary between the "nurse," "care worker," and "entertainer" are not as sharply defined as has been presumed. As Sassen [2002; 2007] suggests, the individuals may decide to migrate as a personal decision but the option to migrate is itself "socially produced," and the women are increasingly mobilized into the global "survival circuit." The transnational flow of care workers under EPA is racialised and gendered and has a certain commonality with the earlier forms of female migration from Southeast Asia. The dilemma remains for the women in the North to decide whether the globalization of care is merely reproducing the unequal gender order across the globe [Ehrenreich and Hochschild 2002: 17].

V Conclusion

The migration of care workers from Southeast Asia to Japan represents different dynamics at macro and micro levels. At the macro level of the state, the migration project did not come out as demand-driven in order to ameliorate the local care deficit but rather it came out as supply-driven through trade negotiations. It also stems from a convergence of different interests in which the state is responding creatively to a shrinking and aging population by promoting further economic growth through trade liberalization. As a consequence of negotiations and compromises, the state has exercised its power to condition migrants to pass the national exam.

Seen from the perspective of globalization studies, the migration of care workers under the EPA goes against the general trend of informalization of labor, which employs migrant women as cheap and flexible labor in a less-regulated private sphere to enable the global North to sustain the dual-income families [Sassen 2002]. Rather this migration has been underpinned by an institutional structure, which subsequently made the workforce "formal" and "inflexible." Theoretically, the imposition of the national exam provides a way for the migrants to be incorporated into the Japanese care labor market but the conditions, which require that they pass within a specified time frame, is neither feasible nor economically viable. Evaluating the state-sponsored migration project, the cost is too high for the state to continue to shoulder expenses and care facilities are overburdened with preparations for the national exam.

At the micro level of the care facilities, this research demonstrates that institutional support and personal engagement is indispensable in accepting and integrating migrant care workers. The care facilities, which accepted the first batch of Indonesian care workers, were well prepared, sensitive and supportive to the foreign staff. Consequently, most of the Indonesian care workers have adapted well

to their facilities, integrated into the local community, and are contributing to the quality care. Although the migration of care workers under EPA does not mitigate a care workforce deficit, the global interconnection developed at the grass-root level enriches the quality of care contributing to the revitalization of the workplace.

Considering the contestations embedded in the EPA one would question the sustainability of the project. What can we learn from the experiences of the transnational migration of nurses and care workers under EPA? How can we turn this experience into an alternative policy suggestion? Japan has yet to envision a post-EPA strategy but what is clear is that the cross-cultural experiences and engagements espoused at care facilities should be ensured so that the migrants can fully develop their capacities which in turn will be beneficial in providing quality care. Care is an act of reciprocity so the principle of fairness and respect to human rights should be the core in the formulation and implementation of future immigration and social welfare policy. Finally, it is necessary for the state to remain committed to ensure that the globalization of care work will create conditions which are acceptable and respectable for both the elderly and migrants alike.

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